

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/744916

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		2				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18	1					
19		1				
20	1					
21		1				
22		2				
23	1	2				
24	1					
25		1				
26		1				
27		1				
28		2				
29		1				
30		1				
31		1				
32			1			
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40				1		
41			1			
42				1		
43				1		
44				1		
45			1			
46				1		
47				1		
48			1			
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
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96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		↓	20	↓		↓
TOTAL CLAIMS			24			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS